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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Compl t if Known	
		Application Number	10/006526
		Filing Date	November 30, 2001
		First Named Inventor	Robert R. Gonnelli
		Examiner Name	Manuel A. Mendez
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3763	
TOTAL AMOUNT OF PAYMENT (\$) 210.00		Attorney Docket No. BVTP-P01-011	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																													
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP																															
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																															
FEE CALCULATION																															
1. BASIC FILING FEE																															
<table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001 770</td><td>2001 385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002 340</td><td>2002 170</td><td>Design filing fee</td><td></td></tr><tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1) (\$)</td><td>0.00</td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	1001 770	2001 385	Utility filing fee		1002 340	2002 170	Design filing fee		1003 530	2003 265	Plant filing fee		1004 770	2004 385	Reissue filing fee		1005 160	2005 80	Provisional filing fee		SUBTOTAL (1) (\$)			0.00		
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																															
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Other fee (specify) _____																															
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$) 210.00																													

SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type)	Edward J. Kelly	Registration No. (Attorney/Agent)	38,936
Signature		Telephone	(617) 951-7532
		Date	May 21, 2004

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Dated: 5-21-04 Signature: (Denise Camerato)



PTO/SB/21 (08-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/006526	
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	Examiner Name	Manuel A. Mendez	
Total Number of Pages in This Submission	6	Attorney Docket Number	BVTP-P01-011

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Restriction Requirement (2 pages) Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	ROPES & GRAY LLP Edward J. Kelly - 38,936
Signature	
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